Prevention Meets Harm Reduction: How Community Collaborations Work Across the Continuum- Part One

Delivered by:
Prevention Technology Transfer Center Community Coalitions and Collaborations Workgroup
This Webinar is Now Live

This webinar is being recorded and will be available for future viewing along with a copy of today’s slides.

The slides will be shared in the chat feature.
Acknowledgement

This training was developed under the Substance Abuse and Mental Health Services Administration’s Prevention Technology Transfer Center task order.
Reference # # 1H79SP081018.

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Chat and Q&A

• Please use the chat feature for comments or questions. We welcome your thoughts and hope for a rich conversation in the chat.

• You may also type questions for our presenters at any time during the presentation in the Q & A feature
Chatting in Zoom Webinar

To ensure all attendees see your comment or question please do the following:

- Go to “To:” at the bottom of the chat feature
- Select the down arrow next to “All Panelists”
- Select “All panelists and attendees”
- The bottom should now read To: All panelists and attendees
The use of affirming language inspires hope. **LANGUAGE MATTERS.**

Words have power. **PEOPLE FIRST.**

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.
PTTC Areas of Focus
Community Coalitions and Collaborations Workgroup

- **Develop** training and technical assistance tools, products, and services on effective community coalitions and collaborations
- **Disseminate** these across the PTTC network
- **Increase the capacity** of prevention coalitions and collaborators to **prevent** substance misuse
Today’s Presenters

Dr. Orisha Bowers  
Dr. Zili Sloboda  
Jeff Hill  
Jimmy McGill
## Objectives

<table>
<thead>
<tr>
<th>Identify</th>
<th>Identify the history and pillars of harm reduction</th>
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<tbody>
<tr>
<td>Explore</td>
<td>Explore how prevention efforts intersect with harm reduction efforts through overlapping goals and common values</td>
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<tr>
<td>Learn</td>
<td>Learn how the knowledge of lived experience can enhance our strategies across the continuum of care</td>
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Incorporating Harm Reduction Principles into Substance Use Prevention, Treatment, and Recovery

Orisha Bowers, PhD
National Conference Director
National Harm Reduction Coalition
Language and Acronyms

- **Person First Language**: people who inject drugs, People living with HIV/AIDS, etc.
- **Avoid stigmatizing language**: addict, hooker, junkie, hobo, etc.
- **SUD**: Substance Use Disorder
- **MAT**: Medication-Assisted Treatment
- **OAT**: Opiate Antagonist Treatment
- **SAS**: Syringe Access Services
**Sexual Orientation**
To whom we are sexually attracted.

**Gender Identity**
Sense of self as male or female, neither or both.

**LGBT**
Lesbian, Gay, Bisexual, Transgender, Queer/Questioning
Continuum of Use

- No Use
- Social
- Ritual Binge
- Chaotic
  Severe Persistent

- Experimental
- Situational
- Regular Use
- Habitual
  Daily
Mindset, demographic & social characteristics, physical and mental health, interpersonal skills

The drug used, how it is consumed, how much is used, drug pharmacology

Physical, social, economic, cultural, background and emotion

ZinbergNE, *Drug, Set, And Setting: The Basis for Controlled Intoxicant Use* (1984)
Harm Reduction is...

- A set of practical strategies to reduce negative consequences of drug use and sexual risk.

- Incorporates a spectrum of strategies including safer techniques, managed use, and abstinence.

- Meets people “where they're at” but doesn't leave them there.
Does not minimize or ignore the harms associated with licit and illicit drug use and sexual activity.

Applies evidence-based interventions to reduce negative consequences of these behaviors.

- Ex: syringe access, naloxone, condoms, PrEP
Moves past judgment of a person’s drug use and sexual activity and addresses the whole person.

Works to elicit any positive change based on the individual’s needs, circumstances, readiness to change, and believing their abilities to change.
What Harm Reduction is Not

Harm reduction does not mean “anything goes.”

Harm reduction does not enable drug use or high risk behaviors.

Harm reduction does not endorse or encourage drug use.

Harm reduction does not exclude or dismiss abstinence-based treatment models as viable options.
The Need for Harm Reduction

- Respond to disproportionate disease and fatality rates
- Reach vulnerable populations
- Keep individuals engaged if they relapse or are not abstinent from drugs or sex
Benefits of Harm Reduction

- Challenge Stigma
- Increase Trust with Clients and Foster Engagement
- Improve Public Health with Individuals and Community-wide
Harm Reduction is...

A holistic approach to working with people at higher-risk in relation to HIV, drug use, and sexual behaviors.

Programs can be:

- Low-Threshold, Convenient, Evidence-based

Providers can be:

- Positive - Honest - Productive
- Pragmatic - Client-centered - Without Bias
Principles of Harm Reduction

- Health and Dignity
- Participant-Centered Services
- Participant Involvement
- Participant Autonomy
- Recognize Inequalities and Injustices
- Pragmatism/Realism
(1) Focus on Health and Dignity

Establishes quality of individual and community life and well-being as the criteria for successful interventions and policies.
(2) Participant-Centered

Providers offer services **without judging** the client. Programming is **low-threshold** and accessible.
(3) Participant Involvement

Ensures people have a **real voice in the creation of programs and policies** designed to serve them.
(4) Participant Autonomy

Providers recognize participants are experts in their own lives. People will change when they are ready, and circumstances allow.
Recognize Inequalities and Injustices

Providers recognize the impact and complexities of poverty, class, racism, isolation, past trauma, sex-based discrimination and other inequalities affect people's vulnerability, and capacity for effectively dealing with behavior-related harm.
(6) Practical and Realistic

Providers offer practical tools and education to address the real harms and dangers experienced by individuals with significant risk.
In the chat box share which principle:

1) Resonates

2) Is the most Challenging

Key Principles
- Health and Dignity
- Participant-Centered
- Participant Involvement
- Participant Self-Rule
- Recognize Inequalities & Injustices
- Practical and Realistic
Prevention, Treatment and Harm Reduction: How Are These Defined in Today’s Prevention Framework?

Zili Sloboda, Sc.D., President
Applied Prevention Science International
Services Within the Context of the Natural History of Substance Use Disorder

NATURAL HISTORY OF SUBSTANCE USE DISORDER

Resolute No Use  Vulnerable No Use  ---- Initiate Use  ---- Progression  ---- Consequences

Prevention Framework

Universal

Selective

Indicated

Treatment and Recovery

Harm Reduction
Epidemiologically, we can conceive of there being 8 groups

Those who:
1. do not use substances and are not ‘vulnerable’
2. do not use substances and are vulnerable such as children of substance users, those stressed because of poverty or abuse etc.;
3. initiated use and may or may not experience consequences;
4. meet a DSM diagnosis for substance use and need treatment but do not utilize treatment;
Epidemiologically, We Can Conceive Of There Being 8 Groups (2/2)

Those who:

5. who meet a DSM diagnosis for substance use treatment and utilize treatment;

6. who sought treatment but didn’t receive treatment;

7. who received treatment but didn’t complete it;

8. who received treatment and are in recovery.
Theoretically Who Needs Substance Use Services in Any Defined Community

(1/2)

1. Those who do not use substances and are not ‘vulnerable’
2. Those who do not use substances and are vulnerable such as children of substance users, those stressed because of poverty or abuse etc.;
3. Those who initiated use and may or may not experience consequences;
4. Those who meet a DSM diagnosis for substance use and need treatment but do not utilize treatment;

Universal and Selective Prevention

Indicated Prevention

Harm Reduction
Theoretically Who Needs Substance Use Services in Any Defined Community

(2/2)

5. Those who meet a DSM diagnosis for substance use treatment and utilize treatment;

6. Those who sought treatment but didn’t receive treatment;

7. Those who received treatment but didn’t complete it;

8. Those who received treatment and are in recovery.
In the NAS Spectrum of Services Where Does Harm Reduction Fit?
Estimated Distribution of the Population by Group

- Prevention (Groups 1-2)
- Harm Reduction (Groups 3, 4, 6)
- Treatment and Recovery (Groups 5, 7, 8)

75%
18%
7%
Federal Budget for Substance Use By Function—FY 2022

- Treatment (and Recovery)
- Domestic Law Enforcement and Interdiction
- Prevention
- International Harm Reduction?

Harm Reduction?
NEED

- Prevention (Groups 1-2) 75%
- Harm Reduction (Groups 3, 4, 6) 18%
- Treatment and Recovery (Groups 5, 7, 8) 7%

NATIONAL BUDGET

- Treatment (and Recovery)
- Domestic Law Enforcement and Interdiction
- Prevention International

Harm Reduction????
ARKANSAS NALOXONE SAVES PROGRAM REPORT

Office of State Drug Director
2017 – 50 lives saved
2018 – 145 lives saved
2019 – 193 lives saved
2020 – 400 lives saved
2021 – 511 lives saved
Total of 1299 lives saved
2021 Saves by Gender

Total saves = 511

- Males saved: 345 (68%)
- Females saved: 165 (32%)
- 1 undisclosed
RACE DATA:

- Breakdown of Saves by Race:
  - 1118 were Caucasian
  - 141 were African-American
  - 35 were Hispanic
  - 2 were Asian
  - 3 were Undisclosed
EMS NALOXONE DATA

Source: Arkansas Department of Health
• Jimmy McGill

• Director of Peer Services

• Office: 501-683-0312

• Email: Jimmy.mcgill@dhs.arkansas.gov
WILSON COUNTY SUBSTANCE PREVENTION COALITION

WHERE PREVENTION, RECOVERY, TREATMENT, AND HARM REDUCTION WORK HAND-IN-HAND
### Race/Ethnicity

<table>
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<th>Race/Ethnicity</th>
<th>%</th>
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<tbody>
<tr>
<td>White (non-Hispanic)</td>
<td>45.83%</td>
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<td>Black or African American (non-Hispanic)</td>
<td>37.88%</td>
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<tr>
<td>Native American</td>
<td>0.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.14%</td>
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<tr>
<td>Pacific Islander</td>
<td>0.01%</td>
</tr>
<tr>
<td>Other/Mixed</td>
<td>3.38%</td>
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<tr>
<td>Hispanic or Latino</td>
<td>11.45%</td>
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*2020 Census*
The Coalition is organized for the charitable purpose of reducing substance misuse among youth and, over time, among adults by addressing the factors in the community that increase the risk of substance misuse and promoting the factors that minimize the risk of substance misuse.

(Note: Substances include tobacco, alcohol, and any other illegal mood-altering substance where their use is prohibited by Federal, State or local law.)
HOW IT ALL STARTED

2007: WCSPC established

2012: 501C3 status

2017: RC3 opens

2017: Hope Alliance (Safe Treatment)

2017: Syringe Exchange Program
OH HOW FAR WE’VE COME!

WCSPC/RC3: NOW HOUSED UNDER ONE ROOF

EXAMPLES: @ RC3 YOU CAN NOW RECEIVE

- SUPPORT GROUPS
- SAFE SPACE TO JUST RELAX WHILE FOCUSING ON SOBRIETY
- RESOURCE ACCESS/REFERRAL
- PROVISION OF IN HOME PREVENTION MATERIALS (LOCKBOXES, LOCK BAGS, MEDICATION DISPOSAL KITS, MEDICATION CABINET LOCKS
- TREATMENT REFERRALS/NON CLINICAL INTAKE SERVICES
BUT WAIT, THERE'S MORE!

- Narcan Training (Overdose Prevention)
- Note: NARCAN is provided in partnership with a local MAT Provider
- FREE Community Events (EX: Recovery Through Art)
- Professional Development Opportunities (YMHFA & AMHFA)
- SBIRT Certifications
- Recovery Coach Certifications (via CCAR)
- Life Skills Classes (EX: Banking and Nutrition)

AND COMING SOON….

- Syringe Services (Harm Reduction)
- HIV/AIDS Testing Services (Harm Reduction)

AND THE BEST PART IS THAT IT’S ALL FREE!
Since July of 2020 the WCSPC and its partners have distributed the following # of in-home prevention items within Wilson County:

- Lockboxes: 3,326
- Medication Disposal Kits: 5,561
- Cabinet Locks: 1,968
- Medication Lockbags: 582
People suffering from SUD/OUD face barriers, and by having resources all in one place, those barriers can be easily addressed.

People in recovery, especially those new to sobriety, must “learn how to live again” which goes far beyond just “attending meetings.”

Data also tells the tale....

Rc3 from 2019-2021 served....4,827 community members

Since 2017 the hope alliance has served.....141 community members
HOPE ALLIANCE BY THE NUMBERS

<table>
<thead>
<tr>
<th>YEAR</th>
<th>INPATIENT</th>
<th>OUTPATIENT</th>
<th>SOBER LIVING</th>
<th>ASSESSMENT</th>
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<tr>
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<td>1</td>
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<td>0</td>
<td>4</td>
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<td>5</td>
<td>5</td>
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<td>2019</td>
<td>20</td>
<td>4</td>
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</tr>
<tr>
<td>2020</td>
<td>14</td>
<td>10</td>
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<td>4</td>
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<td>25</td>
<td>4</td>
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<td><strong>TOTAL</strong></td>
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<td><strong>24</strong></td>
<td><strong>16</strong></td>
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<td>2019</td>
<td>28</td>
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<td>2020</td>
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<td>10</td>
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<td><strong>TOTAL</strong></td>
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<td>2018</td>
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<td>2022</td>
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<td>$282</td>
<td>$456.94</td>
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<td><strong>TOTAL</strong></td>
<td><strong>$126,050</strong></td>
<td><strong>$1,666.61</strong></td>
<td><strong>$918.23</strong></td>
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<th>YEAR</th>
<th>RETURN TO USE</th>
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<td>2017</td>
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<td>2018</td>
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<tr>
<td>2021</td>
<td>0</td>
</tr>
<tr>
<td>2022</td>
<td>6</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>24</strong></td>
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THANK YOU!
JEFF HILL, WILSON COUNTY, NC
In the chat…

What prevention goals do you have right now that might connect or intersect with harm reduction goals?
Evaluation

Please complete a brief survey, your feedback is important!

[Link to survey] ttc-gpra.org/GPRAOnline/PCS?e=0099220113&n=P
Thank you